

(8/01)

FOR STAFF USE ONLY

Case No. _____

Date Rec'd _____

Rec'd by _____

**STREET NAME CHANGE APPLICATION
CITY OF GREENVILLE, NORTH CAROLINA**

**COMPLETED APPLICATION DUE NO LATER THAN FORTY (40) WORKING
DAYS PRIOR TO PLANNING AND ZONING COMMISSION MEETING**

Part I

Applicant: _____

Address: _____

Phone: _____

Current Street Name: _____

Proposed Street Name : _____

Location: _____

Reason for Change: _____

Application initiated by:

☐ Planning and Zoning Commission ☐ City Council ☐ City Department

☐ Abutting Property Owner ☐ Other _____

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Part II

Section B:

[illegible]

Doc. #31194